MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

CLAIM	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
1						
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26	1					
27		1				
28	1					
29		1				
30	1	0				
31	1					
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
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CLAIM	IND	DEP	IND	DEP	IND	DEP
51		1				
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100						

TOTAL	Value					
TOTAL IND.	4					
TOTAL DEP.	24					
TOTAL CLAIMS	24					